



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

Kevin Hunter, D.C.

**Respondent Name**

Hartford Casualty Insurance Company

**MFDR Tracking Number**

M4-17-0633-01

**Carrier's Austin Representative**

Box Number 47

**MFDR Date Received**

November 4, 2016

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "CARRIER IS REQUIRED TO PAY DESIGNATED DOCTOR EXAMS"

**Amount in Dispute:** \$1,450.00

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Our investigation found the following:

- The Hartford has no record of receipt of billing.
- Documentation submitted by provider regarding dispute resolution shows that billing was sent to ESIS/Ace group."

**Response Submitted by:** The Hartford

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 10, 2015	Designated Doctor Examination	\$1,450.00	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the procedures for submitting a medical bill.

3. Submitted documentation does not include explanations of benefits for the services in question.

### Issues

Did the requestor submit a medical bill in accordance with 28 Texas Administrative Code §133.20?

### Findings

Kevin Hunter, D.C. is seeking reimbursement for a designated doctor examination performed on December 10, 2015. 28 Texas Administrative Code §133.20 states, in relevant part,

- (a) The health care provider shall submit all medical bills to the insurance carrier except when billing the employer in accordance with subsection (j) of this section.
- (b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided...

The division finds that the insurance carrier for the claim in question is Hartford Casualty Insurance Company. Review of the submitted documentation does not support that Dr. Hunter submitted a medical bill to Hartford Casualty Insurance Company in accordance with 28 Texas Administrative Code §133.20. No further reimbursement is recommended.

### Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

### Authorized Signature

_____	Laurie Garnes	November 21, 2016
Signature	Medical Fee Dispute Resolution Officer	Date

### **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**